

Kazunori Nishikawa

500615.20198

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR

DESIGN

Attorney Docket Number

First Named Inventor

PATENT APPLICATION		COMPLETE IF KNOWN		
(37 CFR 1.63)		Application Number	10/	602,297
Submitted OR Su	Declaration Submitted after Initial Filing (surcharge	Filing Date	June 24, 2003	
		Art Unit	3751	
Filing	(37 CFR 1.16 (e)) required)	Examiner Name	Unknown	
As the below named inventor, I her	eby declare that:	<u></u> .	2	in the second
My residence, mailing address, and c	itizenship are as stated belo	w next to my name.		
I believe I am the original and first inve	entor of the subject matter w	which is claimed and for wh	ich a patent is sou	ght on the invention entitled:
TOILET COVER OPENING/CLOSING DEVICE				
	(Title of the I	nvention)		
the specification of which				
is attached hereto				
or was filed on (MM/DD/YYYY) 06/24/2003 as United States Application Number or PCT International				
Application Number 10/602,297	and was amende	ed on (MM/DD/YYYY)		(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
2002-183424	Japan	06/24/2002		
Additional foreign application nur	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:			

[Page 1 of 2]

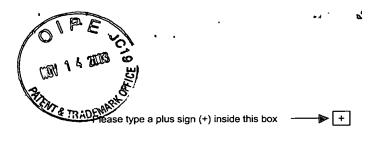
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Num or Bar Code La			OR Corr	espondence address below
Eugene LeDonne, Esq.				
Reed Smith, LLP Address 599 Lexington Avenue				
New York		No State	ew York	10022-7650 ZIP
United States Country	Telephone (212) 52			_{Fax} (212) 521-5450
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR :	A petition	has been	filed for this unsign	ed inventor
Given Name (first and middle [if any]) Kazunori Family Name Nishikawa or Surname				
Inventor's Kingunori Nahihawa Date				
Suwa-gun, Nagano Residence: City	State		Japan Country	Japan Citizenship
c/o Sankyo Seiki Mfg. Co., Ltd., 5329 Shimosuwa-machi, Mailing Address				
Suwa-gun, Nagano City	State		ZIP	Japan Country
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor				
Given Name Hiroshi Family Name Yamada or Surname				
Inventor's Signature Hiroshi Jamada Date 10/20/2.				
Suwa-gun, Nagano Residence: City State			Japan Country	Japan Citizenship
c/o Sankyo Seiki Mfg. Co., Ltd., 5329 Shimosuwa-machi,				
Suwa-gun, Nagano City	State		ZIP	Japan Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				



PTO/SB/81 (02-01)

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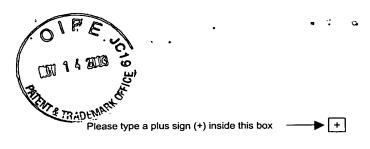
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/602,297
Filing Date	June 24, 2003
First Named Inventor	Kazunori Nishikawa
Title	TOILET COVER
Group Art Unit	3751
Examiner Name	Unknown
Attorney Docket Number	500615.20198

I hereby appoint:			
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Address 599 Lexington Avenue - 29th Floor	599 Lexington Avenue - 29th Floor		
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	state New York Zip 10022		
Country USA			
Telephone 212-521-5400 F	ax 212-521-5450		
I am the: Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assignee of Record			
Name Kazunori Nishikawa			
Signature (Kazunori Nishikawa)			
Date /0/20/03			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
*Total of2 forms are submitted.			

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Designatures of all the inventors or assignees of required, see below. Designatures of all the inventors or assignees of required, see below. Designatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Designature of Address of the above-identified application to: The above-mentioned customer Number. Please Customer Number. Place Customer Number	as my/our attorney(s) or			
The above-mentioned Customer Number. Practitioners at Customer Number Prace Customer Number Bar Code Label here Practitioners at Customer Number Number Bar Code Label here Prace Customer Number Bar Code Label here Practitioners at Customer Number Bar Code Label here Practitioners at Customer Number Bar Code Label here Prace Customer Bar Code Label here Prace Customer Number Bar Code Label here Prace Customer Bar Code Label here Prace Customer Bar Code Label here Prace Customer Submer Bar Code Label here Prace Customer Submer Sub				
Address 599 Lexington Avenue - 29th Floor Address City New York State New York Zip 10022 Country USA Telephone 212-521-5400 Fax 212-521-5450 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Hiroshi Yamada Signature Advance Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	The above-mention OR Practitioners at Cus	ned Customer Number.	Place Customer Number Bar Code	
Address City New York State New York Zip 10022 Country Telephone 212-521-5400 Fax 212-521-5450 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Hiroshi Yamada Signature Airoshi. Yamada Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Eugene LeDonne, Esq., Reed Smith LLP		
City New York State New York Zip 10022 Country USA Telephone 212-521-5400 Fax 212-521-5450 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Hiroshi Yamada Signature Armada Date 100/20/303 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address	599 Lexington Avenue - 29th Floor		
Telephone 212-521-5400 Fax 212-521-5450 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Hiroshi Yamada Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address			
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Hiroshi Yamada Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country	USA		
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Hiroshi Yamada Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone	212-521-5400	Fax 212-521-5450	
Name Hiroshi Yamada Signature Date **Tof 50/503** NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.			
Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	SIGNATURE of Applicant or Assignee of Record			
Date 10/20/63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name Hiroshi Yamada			
Date 10/20/63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature (Hirochi Yamada			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				

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